

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	✓ M. G.		9/30/99
O.I.P.E. CLASSIFIER		25	10-05-99
FORMALITY REVIEW	S.S.	69134	10-14-99

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1-22-00
2	✓	✓	2-19-00
3	✓	✓	3-24-00
4	✓	✓	
5	✓	✓	
6	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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